

operation notes & recurrent feedback could be the answer for a sustained improvement.

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0795: WILL PEOPLE USE OUT OF HOURS CLINICS? AN ASSESSMENT OF NON-ATTENDANCE AT EVENING CLINICS COMPARED TO MORNING CLINICS

R. Edmonds. *Royal Gwent Hospital, Newport, Gwent, UK.*

An initiative clinic has been running for a little over 1 year, in the evenings to see the vascular consultant. This review looked at the attendance of both morning and evening clinics to compare the 'Did Not Attend' (DNA) rates for each.

Out of a total 1004 appointments for all clinics, 80 were marked DNA - 8%. The initiative clinics had a DNA rate of 5%. The general vascular and wound clinics had a combined DNA rate of 9%. The Initiative clinics (evenings) had DNA rates significantly lower than general vascular clinics ($p=0.0082$), Wound clinics ($p=0.0082$) and both wound and general vascular clinics combined. ($p=0.0047$).

The consultant in this study works Mondays for clinics and administration and Thursdays for operating lists. He has other commitments on the other days. Work is ongoing to assess the reasons for the lower DNA rate, including access.

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: THE EFFECTIVENESS OF COMMUNICATION BETWEEN AUTHORS OF SCIENTIFIC RESEARCH A WEB-BASED SURVEY

J. Aldwinckle*, R. Payne. *University Hospital Coventry, West Midlands, UK.*

Aim: A meta-analysis is only as accurate as the data it is based on. This paper aims to identify barriers to data collection, and how this affect research quality.

Method: The term 'Meta Analysis' was searched in PubMed for the period 01/08/2014 - 01/08/2015, returning 5522 results. A macro was used to isolate 2622 unique email addresses, which we contacted, outlining the study aims and including a 15 question online survey.

Result: The survey returned 58 responses (2.3%). 52% of these did not contact any authors when completing their meta-analysis. Of the remaining 48%, 33% received no response. Reasons for this included no email addresses and language barriers, however 27% felt that the authors contacted were unwilling to share data. Notably, 61% of respondents felt lack of communication negatively impacted the quality of research.

Conclusion: This paper highlights the need to develop a culture of open information sharing. Communication must be effective to produce reliable high quality research. The low survey response emphasises the limitations of using email as a medium for gathering information. Improvements could be made through publication of raw data on journal websites and widespread use of an online social network such as Researchgate.

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0882: AVAILABILITY OF EVIDENCE SUPPORTING NOVEL IMPLANTABLE DEVICES USED IN GASTROINTESTINAL SURGERY: CROSS-SECTIONAL, OBSERVATIONAL STUDY

S.J. Chapman^{1,*}, B.J. Shelton², M. Maruthappu³, P. Singh⁴, A. Bhangu⁴.
¹University of Leeds, Leeds, UK; ²Ealing Hospital, London, UK; ³NHS England, London, UK; ⁴University of Birmingham, Birmingham, UK.

Aim: The IDEAL Framework advocates high quality evidence to support innovation in surgical devices. We aimed to determine the proportion of novel, implantable devices used in gastrointestinal surgery that are supported by evidence from randomised controlled trials (RCTs).

Method: A list of novel, implantable devices used in gastrointestinal surgery was compiled via a Delphi consensus process. Serial systematic

searches for published, on-going and unpublished RCTs were performed via the PubMed database and sixteen international clinical trial registries. The primary outcome was availability of published RCT evidence for each device. The secondary outcome was quality of published trials, according to the Cochrane Risk of Bias tool.

Result: Some 116 eligible devices were identified. A total 127 published RCTs were identified for 32/116 (27.6%) devices. Most trials were high risk of bias, and consequently only 12/116 devices (10.3%) were supported by at least one published RCT with low risk of bias. Of 84/116 devices without a published RCT, 17/84 (20.2%) had at least one on-going RCT and 5/84 (6.0%) had at least one unpublished RCT.

Conclusion: Most novel implantable devices available in everyday gastrointestinal surgery are not supported by published RCT evidence. Trials that exist are generally at high risk of bias.

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0981: WHAT IS THE GENERAL SURGICAL JUNIOR DOCTORS EXPERIENCE OF RADIOLOGISTS?

J. George*, M. Bullock, T. Mercer, D. Brown, L. Wheeler. *University Hospital of Wales, Cardiff, UK.*

Aim:

- 1) To assess the experience of general surgical junior doctors with radiologists.
- 2) To assess whether the experience is different between radiology trainees and consultant radiologists.

Method: Junior doctors were approached towards the end of their first rotation in November 2015. 44 doctors were emailed and approached and we have received 34% to date. A modified version of a questionnaire published by the royal college of radiologists was used.

Result: The majority of junior doctors rate the advice received from both registrars and consultant as good/excellent. Junior doctors mostly found contacting radiologists for advice during working hours straight-forward or very easy. Both registrars and consultants have been rated as being mostly approachable. Most of the written feedback of how junior doctors were treated was positive. Most juniors received a reason as to why there request was not accepted. How helpful this response was report either invariably/rarely by the majority. Junior doctors find approaching a registrar much easier than the consultant.

Conclusion: The experience of surgical junior doctors to radiologists is mainly positive. The only area where a difference has been seen is that consultants give more on-the-job teaching than registrars and this is an area for development.

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0990: WHEN IS A SEBACEOUS CYST NOT A SEBACEOUS CYST? ROUTINE HISTOPATHOLOGICAL EXAMINATION OF BENIGN SKIN LESIONS

G. Ekatah, A. Ng*, S. Whitelaw, J. Apollos. *Dumfries and Galloway Royal Infirmary, Dumfries, UK.*

Aim: Epidermal inclusion cysts (also known as sebaceous cysts) are commonly asymptomatic but may be excised for cosmetic reasons. Lesions excised are routinely sent for histopathology examination despite having the hallmarks of sebaceous cysts and no red flag features on clinical examination. Our aim was to evaluate the pattern of, and need for, routine histopathology examination of benign cutaneous lesions particularly epidermal inclusion cysts.

Method: Retrospective analysis of clinical and pathology data on all epidermal inclusion cysts excised from a Scottish district general hospital.

Result: Over the study period, 320 sebaceous cysts were excised and sent for routine histopathology examination. 276 (85%) lesions were judged by either the referring GP, or the assessing surgeon to be an epidermal inclusion cyst. 230 (72%) lesions were diagnosed as epidermal inclusion cysts by both GP and surgeon and still sent to pathology at a cost of £150 each.